

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023301

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

737

STATE FILE NUMBER

FILED JUN 24 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph, Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Meth Hosp & Med Center		d. STREET ADDRESS (If outside, give location) 3721 Maplewood Drive Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GERALD Middle LEE Last GROH, JR.		4. DATE OF DEATH Month June Day 12, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1940 9. AGE (last birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY Grosshans & Petersen Co. 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Gerald E. Groh		13b. MOTHER'S MAIDEN NAME Leila V. Bullock 14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes Peace Time		16. SOCIAL SECURITY NO. 5 17. INFORMANT Mr. Gerald E. Groh-St. Joseph, Missouri Address	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock and Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Compound fracture of skull. (Right side) Basilar fracture left side and comminuted fracture of 4th and 5th Lumbar vertebrae. DUE TO (b) 2 car auto accident DUE TO (c) going North. Reynolds car made left turn South in front of Groh Car.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Groh Car proceeding North on #71		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Highway #71 about 1 block south of Pickett School	
20c. TIME OF INJURY Hour 3:15 p.m. Month, Day, Year June 12, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #71 20f. CITY, TOWN, OR LOCATION St. Joseph, COUNTY Buchanan, STATE Missouri		
21. I attended the deceased from Viewed Body to June 12, 1963 and last saw him June 12, 1963 Death occurred at 3:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S.E. Meloney M.D. Coronor		22b. ADDRESS 214 Kirkpatrick Bldg. Saint Joseph, Missouri 22c. DATE SIGNED 6/15/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 23d. LOCATION (City, town, or county) (State) Andrew County, Missouri	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 20, 1963 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ.

DOCUMENT

BY AFFIDAVIT OF

S.E. Meloney, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

MISSOURI

AUG 5 1963

2113
2113

0 0 0 2

Permit issued 6-15-63

STATEMENT BY LICENSED EMBALMER

8-1

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.